

CRITERIA FOR PRIOR AUTHORIZATION

Demerol® (meperidine)

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug requires prior authorization above an initial 21 day supply per year (900mg per day per 365 days):
Meperidine (Demerol)

CRITERIA for Meperidine: (must meet one of the following)

- Patient is being tapered off of medication.
 - Taper schedule must be included with PA request. Taper must be complete within 21 days.

OR

- Patient has a new cause of acute pain resulting in the necessity of additional days supply of meperidine.
 - Documentation of new cause of acute pain must be included with PA request.

Prior Authorization will be approved for one fill (maximum of 21 days supply).